WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3235

Township ..... Primary Registration District No. 1003 Registered No. 261

City St. Louis (No. 908a S.7th. St. ..... Ward)

2. FULL NAME Michael Fleischmann

(a) Residence, No. 908a S.7th. St., 22 Ward. (If nonresident, give city or town and State).
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Fleischmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 6th. 1856.

7. AGE: YEARS 80 MONTHS 5 DAYS 30 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (20yrs.)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker 262
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME Michael Fleischmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Louise Fleischmann 908a S.7th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Jan. 8th. 1937

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED JAN 7 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5th. 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Jan 5, 1937. I last saw him alive on Jan 5, 1937. Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia. Date of onset

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Other contributory causes of importance: Senility. Prostatic Hypertrophy.

Name of operation none Date of —

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. S. Quinn, M. D.

(Address) 908 S 7th St.